

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSTMC"	INITIALS	ID NO.	DATE
FEE DETERMINATION	1) (u), (c)	20	06-04-01
O.I.P.E. CLASSIFIER			6/16
FORMALITY REVIEW	E7	926	07-27-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ Rejected N ..... Non-elected  
 = Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ Restricted O ..... Objected

Claim	Date	
Final	Original	
1	✓	1/27/01
2	✓	1/27/01
3	✓	1/27/01
4	✓	1/27/01
5	✓	1/27/01
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here